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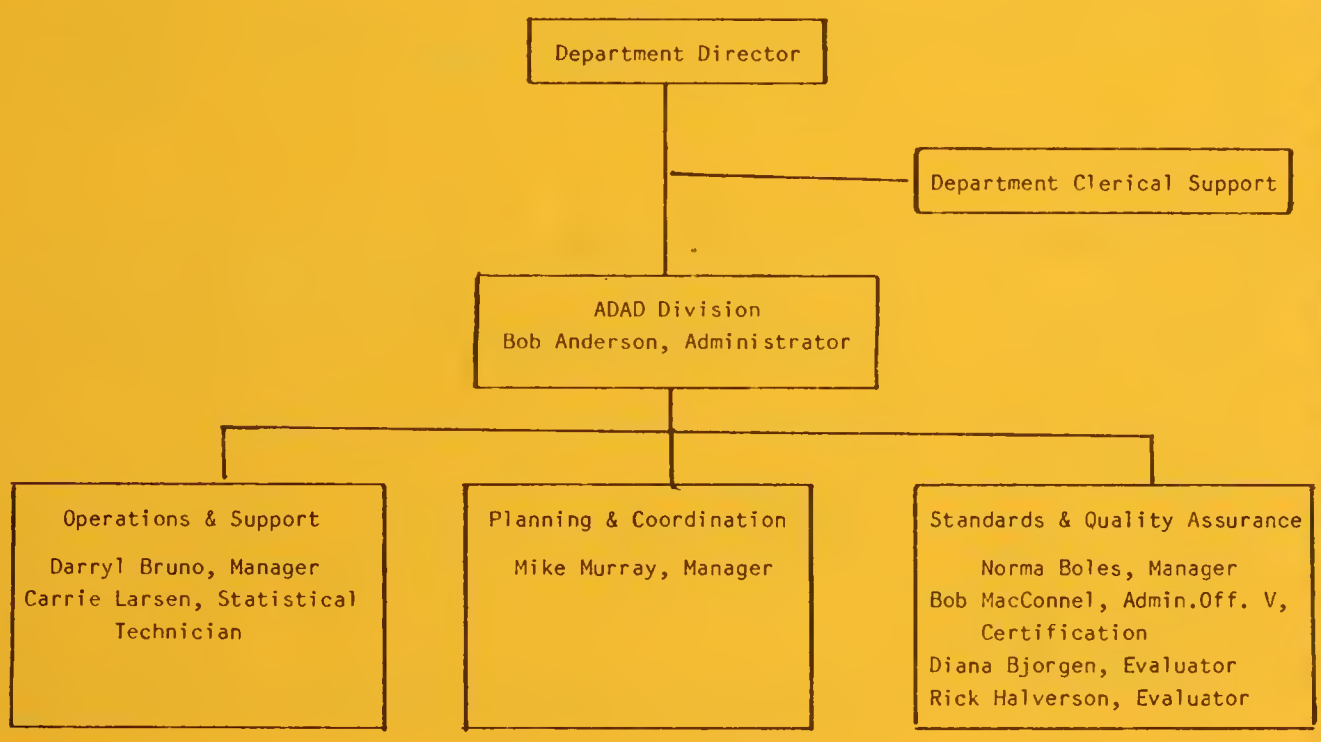
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JANUARY/FEBRUARY 1984

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ADAD REORGANIZES

As of January, 1984, the Alcohol and Drug Abuse Division has reorganized into three functional areas as shown below (operations and support, planning and coordination and standards and quality assurance). This reorganization eliminates the two bureaus that were previously established within the division. It was developed to create a teamwork approach needed to enhance the division's ability to carry out its mandated directive and improve services to programs with reduced staff. Although there are three functional areas with assigned staff responsible for each, all division staff will be expected to assist and work in other functional areas when needed.



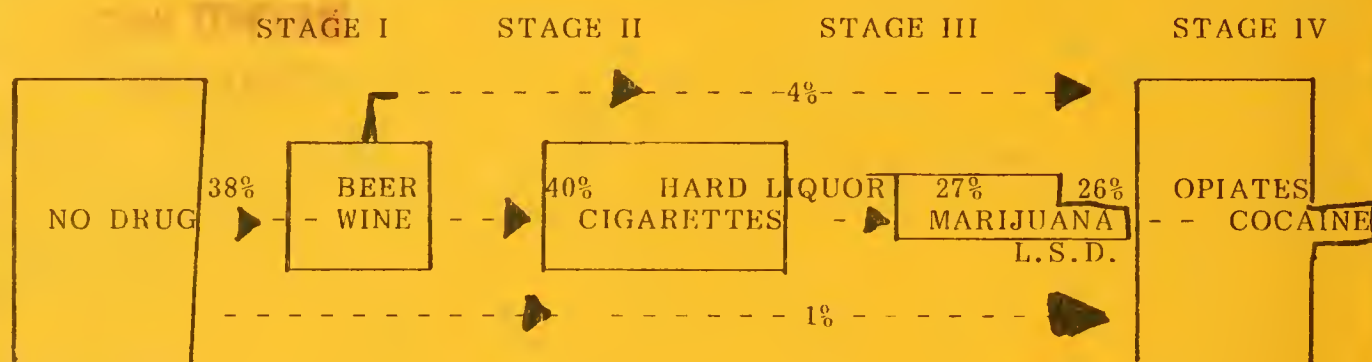
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| - Contract Monitor/Management | - County & State Planning | - Policy & Standards Development |
| - Information/Data Systems & Reporting | - Interagency Coordination | - Program Evaluation & Approval |
| - Budget Preparation/Status | - Federal Liaison | - Certification & Training |
| - Program Cost Analysis | - Information Clearinghouse/
Newsletter | - Technical Assistance in
Evaluation & Certification |
| - Prevention | - Technical Assistance in
Planning | |
| - Technical Assistance in
Financial Administration,
Contracts, information Systems | | |

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ALCOHOL AND MARIJUANA: "Recent empirical findings and the practical experience of direct service professionals demonstrate clearly that marijuana and alcohol go hand-in-hand as a 'chemical combo' at all levels of use," reported newspaper published by Community Intervention. Details: Joe Muldoon, Editor, Community Intervention Inc, Suite 570, 529 South 7th St., Minneapolis, MN 55415.

THE MARIJUANA PATH TO HARD DRUGS

Studies keep appearing, suggesting it's for real. The following diagram shows successive stages in adolescent drug use observed in two follow-up surveys of 5,468 New York State high school students between fall 1971 and spring 1972, and 985 seniors five months after graduation....Also a 1980 study confirmed statistical progression of marijuana to heroin and cocaine. "The linkage between marijuana use and later heroin or cocaine use is 10 times greater than the evidence of linkage between cigarette smoking and lung cancer." (R. Clayton and H. Voss, U.S. Journal of Drug and Alcohol Dependence, Jan. 1982, as excerpted in "Keep Off The Grass," 3rd Edition, Futura-McDonald, 1983).



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DISCRETIONARY FUNDING SCHEDULE

MARCH 9, 1984 A.M.	BIDDERS CONFERENCE, DEPARTMENT OF HIGHWAYS AUDITORIUM, 2701 PROSPECT AVENUE, HELENA	10:00
APRIL 23, 1984	PROGRAM APPLICATIONS DUE BY 5:00 P.M.	
APRIL 25, 1984	APPLICATIONS FROM PROGRAMS MAILED TO ADVISORY COUNCIL TASK FORCE MEMBERS	
MAY 9, 1984	ADAD PRELIMINARY RECOMMENDATIONS MAILED TO COUNCIL MEMBERS AND APPLICANT AGENCIES	
MAY 24-25, 1984	ADVISORY COUNCIL MEETING IN HELENA	
MAY 31, 1984	ADAD FINAL RECOMMENDATION	
JUNE 1-8, 1984	DIRECTOR'S REVIEW AND FUNDING DECISION	
JUNE 13, 1984	CONTRACTS MAILED TO PROGRAMS	
JUNE 29, 1984	LAST DAY FOR SIGNED CONTRACTS AND REVISED BUDGETS TO BE RETURNED TO THE DEPARTMENT FOR DIRECTOR'S SIGNATURE.	

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CERTIFIED SINCE NOVEMBER/DECEMBER HABIT

Janis Ahlstrom
Brenda K. Lillie
Terri Stevenson
Patricia White

Shodair Adolescent Program
Shodair Adolescent Program
Hill-Top Recovery, Havre
Shodair Adolescent Program

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NEW LAW IN NY STATE provides that party injured by someone under influence of illegal drugs has civil cause of action for damages against person who unlawfully sold or assisted in procuring such drugs. Details: Dr. Robert Bosman, chief counsel, Division of Substance Abuse Services, Executive Park South, Albany, NY 12203. (New legislation can be found in Section 11-103, General Obligations Law, which became effective August 2, 1983.)

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ORGANIZED CRIME AND DRUG ENFORCEMENT TASK FORCES now in full operation, Judge William Webster, FBI director, told President's Commission on Organized Crime.

ADAD

Norma Boles has been appointed Administrative Officer responsible for Standards and Quality Assurance, the position formerly held by Bob Anderson. Norma began her career in chemical dependency with the Alcohol Division in the Department of Health in October 1974. Norma has been employed working with chemical dependency at the state level with emphasis on Quality Assurance since day one. It is nice and appropriate to have the person involved in developing and implementing the state's evaluation system now directing it. Norma holds Certification Certificate number 21. Norma is married to Forrest Boles and they reside in the Helena valley.

Diana Bjorgen has been employed by ADAD as project evaluator. Diana holds Certification Certificate number 153. Diana comes to ADAD from the Shodair Adolescent Program and Boyd Andrew Service Center where she has been employed as counselor since July 1983. Prior to employment at Shodair Diana worked for two years as a counselor for the District II Alcohol and Drug Program.

Rich (Richard) Halverson has been employed by ADAD as project evaluator. Rich holds Certification Certificate number 31. Rich has completed all academic requirements for an M.A. Ed. from Western Montana College with concentration on School Psychology and Guidance. He has been employed as a drug rehabilitation counselor at the Lighthouse Drug Program at Galen since 1981. Rich has, in the past, served as a part-time instructor for the Salish-Kootenai College.

Mike Mahoney (64) has accepted a position as Training Supervisor in the Department's Correction Division. Mike began his career as a Project Evaluator with ADAD in 1979. Mike said he enjoyed his part in the progress programs have made. He said any program receiving an overall score of 85 was doing a good job and 93 or above excellent. Mike is married to Helen, they have two children and reside in East Helena.

STATEWIDE

Barbara Pipe (55) has taken a position and moved to Baton Rouge, Louisiana. Otto Kvaalen (24) appointed the new director of Hill-Top Recovery Center. Karen Newstrom (199) moved from Wilderness Treatment Center to Deaconess Medical Center CDC. Jo Acton (4) moved from Rimrock Foundation to Swan River Youth Forest Camp CDC. Michael Ruppert (41) Flathead Valley Chemical Dependency Services to Director, Alcohol Services of Gallatin County, Moose (Richard) Tolon (138) Comp Care Unit public relations to Chemical Dependency Counselor. Alcohol Service Center of Lincoln County will assume service responsibility for Mineral County. Recovery Foundation is the new name of the Regional Chemical Dependency Services program in Missoula. Sweet Grass County Foundation has new phone number 932-5145. Lorin Walker (154) from Big Horn County Alcohol Program to Rimrock Foundation, Carol Ferguson (141) Counselor, Montana State Prison CDC. Roger Baker (143) is the new director of the Powell County Alcoholism Center. Thelma Dickinson (190) is the new director of the Musselshell/Golden Valley Alcohol and Drug Program, Marcia Richard (220) is the new counselor at the Boyd Andrew Service Center.

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Of 1,691 Americans Jailed Overseas, 42% were arrested on drug charges. Two-thirds of those arrested last year were in West Germany, Mexico, the Bahamas, the Dominican Republic and Jamaica.

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HEALTHY MOTHERS, HEALTHY BABIES

Six posters, with matching take-home information cards, alert women to key maternal health concerns: prenatal care, nutrition, smoking, the use of drugs and alcohol, and breast feeding. Write: "Healthy Mothers, Healthy Babies", c/o Elaine Bratic, Room 721H, Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201.

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At Ford's Wayne assembly plant drug abuse is a decreasing problem. "Five years ago there was so much dope in the plant you couldn't see for the cloud. Now the air's pretty good." Absences during the deer-hunting season are a greater problem.

JOHN LATINI, FMC

This issues featured counselor is Karen Clark, director/counselor of the Sweet Grass County Alcohol and Drug Program. Karen and the program celebrated six years together in January. In 1977, with the passage of the increased liquor tax, the Rimrock Foundation developed a local county advisory board, established a budget and started a program with Karen as "the staff". The Sweet Grass Alcohol and Drug Program is one of the few single county programs and the only one with a total staff of one person.

Karen's program provides: chemical dependency counseling on a one-to-one basis, family unit group counseling, crisis intervention, DUI Court School, public information and education, school lectures, MIP (Minors in Possession) and referral and transportation to treatment as appropriate. The goal of the program is three to six months in treatment and maintenance in AA. "I attempt to develop a total person treatment plan focusing on all aspects of the client's life: chemical use, interpersonal relationships, work, recreation, AA and a spiritual life including some work with the minister/priest of the client's choice." Most of the last five years were spent establishing service relationships in the community.

Karen said she was one of the fortunate ones to experience a commitment (emergency) to Warm Springs via the Sweet Grass County Hospital in December 1969. The commitment followed a two week binge with both pills and booze. At Warm Springs Karen first went to a lock-up ward and later transferred to the receiving hospital where she met Ed Gendle. Ed went with Karen when she appeared before an interview board and for the first time in her life someone suggested alcohol or alcoholism may be a problem in her life. With this suggestion a light dawned with Karen and when she agreed perhaps alcohol was a problem she was transferred to "the treatment ward." At that time treatment consisted of education and lectures along with AA meetings for four weeks. Patients were also assigned jobs at the hospital as part of treatment. The open treatment ward for women consisted of two rooms with five-six beds per room. At the conclusion of treatment there were no local treatment programs to refer back to for follow-up; however, Ed stressed the importance of continued fellowship in AA. Karen stated she did try controlled drinking one more time before she made the conscious decision not to drink.

Karen has two sons in the Coast Guard, both currently stationed at Kodiak, Alaska: Mark on a cutter and James at a Communications Station. She also has a married daughter, Laurie, living in Big Timber and commuting to Bozeman as a student at Montana State University. Karen holds Counselor Certificate number 90 and is also a state certified EMT and ambulance volunteer.

Future plans for Karen include certification in Prevention and Education in an effort to improve pre and early intervention in the field. "Hope for future is with the efforts we make with today's adolescents". Her dream is to impact the communication and support problems that are unique to rural programs. She would like to see retreat encounters established for counselors to recharge themselves. Counselors must be healthy if they are truly to help sick people. Part of counselor wellness is interests in things outside the field along with periodic self renewals.

Take a break from the interstate and have a cup with Karen (932-5145).

Congratulations for six years of service, and THANKS!

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NEAR BEER PASSES TASTE TEST

A study of young social drinkers has shown that by taste alone it is not possible to tell the difference between beer and near beer which contains no alcohol. University of Minnesota researchers W. Miles Cox and Eric Klinger asked 19 current beer drinkers to judge the alcohol content of 1 oz. samples of regular beer with 3.2% alcohol, light beer with 3.2% alcohol, near beer with less than 0.5% alcohol, and near beer with enough added alcohol to bring the content to 3.2%. It was found that the tasters could usually distinguish regular beer from near beer when these were tasted in sequence and tasters were informed of the varieties of beer they might be tasting. However, the researchers said the distinction is not attributable to the alcohol content since "there was no ability to distinguish near beer with ethanol from that without." An additional test using an informal party setting found that "during more than two hours of partying . . . none of the four uninformed guests spontaneously detected the near beer." The researchers concluded near beer could be useful as a placebo in test situations.

Journal of Studies on Alcohol, May, 1983, v.44:494-498

DISTRICT II ALCOHOL & DRUG PROGRAM

In 1971, a small group of individuals recovering from alcoholism living in Glendive opened a half-way house. Through their interests, a 17 county alcohol & drug program was established in an agency called Action for Eastern Montana. Phil Sullivan became the director of that program and for the next 2 years provided excellent leadership that led to the development of the District I, II, and III programs. The District II program included the 5 counties of Dawson, Richland, McCone, Prairie, and Wibaux.

During the early years of the District II Alcohol and Drug program there were many growing pains. Jack Pollari was hired as a counselor in 1974 and in 1979 became the Director of the District II Program. Several other staff members have been hired over the years, and helped to establish credibility and provide excellent counseling services to the residents of this area. Through their efforts many lives have been changed, and the knowledge that people can and do recover from the effects of chemical addiction has become a reality.

Chemical addiction has always been recognized as a family illness in the District III program and emphasis has been placed upon treating the entire family in the recovery process. Intervention has been a key in helping to lead the chemically dependent person to treatment, and has been practiced as a structured process since 1974. As a result of intervention 1,175 clients have completed inpatient treatment programs. An outpatient caseload of approximately 100 clients per month has been maintained since 1978. Alcoholics Anonymous, Al-Anon, and Al-Ateen have flourished within the area with many of the members being referred to these groups by the District II staff.

In 1980, a group of 6 Glendive residents attended a Community Intervention workshop in Minneapolis. Through their enthusiasm, the residents of Glendive made a decision to host a Community Intervention Workshop in Glendive. In the spring of 1981 this workshop was presented in Glendive - the second such workshop held in Montana. Within 2 months prior to the workshop, local businessmen donated \$27,000 to provide this training to 81 members of the community and surrounding area. A tremendous awareness has been felt by the area as a result of that workshop. This has resulted in a network of agencies providing treatment and alternatives to area youth.

In recognition of the need to provide family services, several new programs have been developed during 1983 based upon group therapy concepts. Some of these new programs include: 1) children's group, 2) teen group, 3) aftercare group, 4) couples group, 5) co-dependency group, 6) chemical awareness group. With the addition of these programs, a new enthusiasm has been generated in treating the chemically dependent family. These programs have become successful with a great deal of support from other agencies in our communities including: juvenile probation, school systems, adult probation, mental health, judicial system, and public welfare agency.

The current District II staff includes: Jack Pollari, Director; Sheldon Clark and Ron Luchau, Lead Counselors; Pat Feldmann, Sharon Loss and Kris Luchau, Counselors; and Cindy Gregory and Jeri Griffith, as Secretaries.

Recognition also needs to be given to the new Governing Board in its' first year of leadership giving new directions and insights in providing quality services. Pastor Bill Goblen is the chairman of the District II Governing Board.

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Staying Healthy: A Bibliography of Health Promotion Materials

A booklet prepared for health care professionals to simplify the task of locating materials developed by the Public Health Service on health promotion and disease prevention topics. The bibliography described pamphlets, films, and posters for the general public and contains program guidelines, directories, and technical papers of interest to health professionals. For copies, write the National Health Information Clearinghouse, P. O. Box 1133, Washington, D.C. 20013.

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NATIONAL COCAINE HOTLINE
Counseling for cocaine abusers:
Call 1-800-COCAINE

Recently Ira Feiger, Program Director for Training and Education Associates of Montana which administers the MTI met with ADAD staff for an interview. This interview was a followup on the February/March 1983 "Habit" feature on MTI. The Montana Teenage Institute is administered through a State Highway Traffic Safety contract with Training and Education Associates of Montana which has two paid staff members working on MTI: Ira Feiger, Program Director and C.T. Canterbury, Program Manager. All participant specific costs of operating the MTI summer camp program are financed through the student tuitions.

1. What is the Montana Teenage Institute?

RESPONSE: The original concept utilized by MTI started in Illinois ten years ago. The idea is to take active students not involved in substance abuse and train them: 1) To have the skills to look at themselves and to make decisions; 2) To transmit their skills to make decisions to others in the community. We attempt at the Institute to empower students to change themselves and when they realize what the process of change is, then they can work with others to do the same. At the Institute they are given a broad range of skills and information. The history of substance abuse prevention has taught us that scare tactics don't work and giving people information in and of itself doesn't necessarily work. What we provide the students at the Institute is a three-phased program: 1) General sessions - these address issues that we feel all students should have information on such as pharmacology of substances, alcoholism in the family, community organization and communications skills; 2) Mini workshops - Students select the workshops prior to arriving at the Institute. Topics cover several life style areas including dealing with stress, marriage, pregnancy and Fetal Alcohol Syndrome, teenage alcoholism and treatment, communication and relationships, divorce and loss, self-concept and self-respect, coping skills, decision making, clear goal setting, spirituality, fitness and wellness, and nutrition. Research in the prevention area has supported that people with high levels of self-esteem tend to abuse themselves and others at a greatly diminished rate. People with clear goals and a notion of the future are in less trouble than those who don't; 3) Small-group discussion - Each student is assigned to a small group with 9 to 12 students and two adult leaders in a group. In these groups, students are given the opportunity in a safe, confidential atmosphere to explore issues that they are personally concerned with and take information gained at other sessions and synthesize it and make it personally relevant. We believe information has no value if its not personally relevant. We also did fun things at last years camp such as recreation, skits and the general fun summer-camp experiences of learning and growing together as a unit.

2. What do you consider the success of the Montana Teenage Institute?

RESPONSE: From evaluations 75-85% say it was the most significant thing that happened in their lives and the staff agreed. Those students that we have ongoing contact with say it has made their decision regarding

substances much easier and in many cases it has personally given them the strength to say no when offered substances. In most of the communities, students are putting together substance abuse prevention programs initiated by themselves. We are finding students need more adult leadership than we originally anticipated to launch and maintain the enthusiasm of a local community prevention program. To cover this need next year, we plan to bring back selected students from this past year as staff members. These student staff members will be those graduates who have been most active in their communities and we feel can work well with other students. In a number of communities kids have run self-esteem building projects and I think Simms is a classic example. A graduate in that community established a program of speaking to youngsters in the grade schools about substance abuse and every Tuesday night speaks at a different church in the community on substance abuse. Youngsters in Plains have also put on puppet shows and skits. In other communities they have made themselves available if someone is going to counselling to provide baby-sitting so that an appointment at counselling may be kept. Students have also put on non-alcoholic dances. As adults we expect results immediately but we must realize that it takes 3 to 4 months of common direction before local teenage support groups develop. In Helena, the DUI Task Force has made some funds available to students for projects that we are just now talking about developing.

3. How are adult leaders chosen for the MTI staff?

RESPONSE: The MTI staff is composed of volunteer professionals representing a wide variety of educational, social service and religious affiliations. They receive no payment for their services except for expenses. Many of the staff used their vacation last year to participate in the Institute. In our initial mailing we included a response card that people interested in serving on the staff could fill out and return. This lists a variety of positions in which people may volunteer their services. We then solicit specific information such as resume, cover letter, and references from those individuals requesting to volunteer. We interview all applicants where possible and check references on everyone applying. Last year, we roughly turned down two volunteer applicants for every one that we accepted to work at the camp. This year we expect it will be about the same. We have also learned that communities that send students will have a much better chance of getting projects underway if a staff member also comes from that community and understands the prevention model that we are teaching at MTI. Remember, it is a unique model and we feel an effective model. MTI is not a rehabilitation program, it is a prevention program and this needs stressing. We deal with people before they get into trouble to ensure that they don't. We attempt to identify those youngsters that will be future leaders in their community and then give them the skills that they will need later in life.

4. How many of last year's students will you use this year?

RESPONSE: We are unsure at this time. We are estimating that we will use between 10 and 20 total for both sessions. We have had requests from approximately 70 of last years students indicating they would like to come back as adult staff members.

5. What changes are planned this summer as a result of last years experience?

RESPONSE: We will run two sessions this summer rather than one. We will use Legendary Lodge at Salmon Lake. We also will have smaller sessions this year rather than the 80 students we had last summer. We will limit the sessions to 65 students each. We also recognize that we need to provide a bit more of the nuts and bolts of how to put together programs in communities, the specifics of what is needed in an individual program. As an example, how to put together a useable press release. This summer we plan to get into specific action planning at camp rather than waiting for planning to take place following the MTI experience.

6. How is continued contact with the MTI graduates maintained?

RESPONSE: We have contact people from each group of kids in each community. We get monthly reporting forms (occasionally). We call, cajole, and meet with them and we have taken one complete statewide tour to visit individuals who have attended MTI as a followup. Also, any group of students can request us in to provide technical assistance and we will come.

7. When you go in to provide technical assistance, how is this funded?

RESPONSE: It is funded through a portion of our Highway Traffic Safety contract that also provides for technical assistance. There are three phases to our contract: 1) broad TA to schools, 2) the administration for the Montana Teenage Institute, 3) ongoing TA to groups participating in the Institute. As you can see, our contract has only one segment supporting Montana Teenage Institute.

8. Can any agency in the state request TA in establishing prevention models from your agency?

RESPONSE: Under terms of our Highway Traffic Safety contract, TA is open to schools and for some other agencies. I would have to check on individual requests for TA from other than schools with our contractor. Obviously, there are limits to totally open TA to schools and all community agencies. Our TA to schools and communities is more aimed at developing how to go about developing an action plan, planning it out and providing materials than in selecting the materials in individual schools we use. When it comes to staff training and implementation of a program, it would be a conflict of interest for us to direct someone to what they need and for extra money, have us provide it.

We have found that everyone, before they put a prevention model in a school, first completes a needs assessment and finds a profound problem they must deal with. Prevention has nothing to do with problems. It is like any other thing you do in school; I believe the goal of education systems should be to turn out the most highly competent and functional people we can. You don't give people math because some day they will deal with a crisis and need it. Rather, you give them math because it is a basic skill they need to function. Most of us, on an ongoing basis, are faced with choices regarding the use of substances. This is an issue interwoven into every aspect of our society. We are preparing people to be competent human being, regardless of the issue of problems in schools or not. Substance abuse prevention is just the same as dealing with sexual and other issues that need to be addressed as in any other component of the educational system. Substance abuse information is no less important than any of the three R's.

The range of TA we have available is how schools should implement policy or develop policy or contact us and say we are looking for a substance abuse curriculum, k - grade 6: Or dealing with prevention and we are in a city that is conservative or quite liberal can you find a model that has been implemented in the nation. Aside from our field knowledge, we are hooked up to major data bases through our computers and we can get data on successful prevention models through the major data bases in D.C. We also provide handouts of various prevention material to individuals who write our agency (Training and Education Associates of Montana, 300 State Street, Helena, MT 59601, 442-2733).

9. How are MTI Camps evaluated?

RESPONSE: We get evaluations from students and staff and post them on the computer and run some simple statistics. We use a standard evaluation format. It is a difficult thing to evaluate. One way we are evaluating last year's camp is activity levels in communities and this is tough because graduates are saying a friend came up to me who had a problem and I got them help. How do you evaluate a response like this. A receptive ear through role modeling in helping kids to say no is tough to evaluate. Schools now have a prevention model they can evaluate by changes in the kids behavior.

10. How, in the future, will administrative costs of MTI be funded?

RESPONSE: At a diminishing level through continued State Highway Traffic Safety we have been assured of some limited funds next year. We also are working to establish the Montana Teenage Institute as a non-profit corporation through which businesses and individuals will come behind this project and support it through donations. To date, Mountain Bell has provided excellent support with Public Relations through Barbara Welter who serves on our Advisory Board. Throughout Montana, we have also had tremendous support from Lion's Clubs. They have both donated scholarships for youngsters to attend the Institute and spearheaded fund drives to raise scholarship money for other youngsters to attend our Institute. The 100% support we have received from the Montana Lion's Club has been wonderful and overwhelming.

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ALCOHOL AND DRUG ABUSE DIVISION
COUNSELOR CERTIFICATION
EXAM SCHEDULE

Through December 31, 1984

March 15-16, 1984	Tapes	August 11, 1984	Oral
April 11, 1984	Written	September 13-14, 1984	Tapes
May 5, 1984	Oral	October 10, 1984	Written
June 14-15, 1984	Tapes	November 10, 1984	Oral
July 11, 1984	Written	December 6-7, 1984	Tapes

Written examination given by Montana State Job Service

8:30 to 11:30 a.m. on designated dates.

DO I HAVE A HARMFUL RELATIONSHIP TO ALCOHOL/DRUGS?

The following QUIK TEST is designed to help you 1) assess your personal relationship to alcohol/drugs, and 2) determine if/how your relationship to one or more of these chemicals may be harmfully affecting you.

If you agree with a statement place an "X" on the line opposite the item in the "Yes" column. If you disagree, place an "X" on the line opposite the item in the "No" column.

Then check out the meaning of your YES responses by using the KEY at the end of the QUIK TEST.

Millions of persons are falling into the "chemical trap", that is, into a harmful dependency relationship with mood-altering chemicals. Alcohol is the number one chemical of choice for most people. However, other drugs such as marijuana, cocaine, barbiturates, amphetamines, tranquilizers, and narcotics to name but a few, are also "special" to many people. These drugs can and do produce chemical dependency.

QUIK TEST

	YES	NO
1. I sometimes feel worn out by thoughts of alcohol/drugs and fantasies of using them.	_____	_____
2. I wish I didn't drink/do drugs like I do.	_____	_____
3. At times I feel shame, guilt about the way I drink/do drugs.	_____	_____
4. I make excuses, give reasons, tell stories to cover up my alcohol/drug behaviors.	_____	_____
5. I have broken promises I have made to myself and/or others to change the way I drink/do drugs.	_____	_____
6. I get down on myself for drinking/doing drugs the way I do.	_____	_____
7. I have trouble making decisions.	_____	_____
8. I have tried to control my use of alcohol/drugs.	_____	_____
9. I feel caught in a bind between loving to drink/do drugs and hating myself for doing so.	_____	_____
10. When I drink/do drugs I repeatedly go beyond what I intend.	_____	_____
11. I can't trust myself around alcohol/other drugs.	_____	_____
12. I am becoming discouraged, depressed, negative in outlook.	_____	_____
13. I sometimes drink/do drugs to relieve feelings of hurt, loneliness, anger, boredom, inadequacy.	_____	_____
14. I often wonder why I drink/do drugs.	_____	_____
15. I sometimes think that "if only other people, situations, etc., were different I wouldn't drink/do drugs like I do."	_____	_____
16. I feel scared and angry when someone comments on or criticizes me for the way I drink/do drugs.	_____	_____
17. I sometimes take only small or average amounts of alcohol/other drugs when I'm around others and then over-use when I'm alone.	_____	_____
18. I often feel lonely and tend to isolate myself.	_____	_____
19. I sometimes think I will never be able to change the way I drink or do drugs.	_____	_____
20. Sometimes I think that my drinking/doing drugs interferes with my relationships with people.	_____	_____

Even one YES is a warning signal. If you answered YES to more than one statement it is a clear sign that your relationship to alcohol/drugs is growing and beginning to have a harmful effect.

In the key below, circle the number of each statement in the QUIK TEST that you answered YES.

INTERPRETATION KEY

ITEM	
1-7-14	My mind is becoming more and more taken up with alcohol/drugs and the consequences of my use.
5-8-10-11-17	I am becoming increasingly controlled by drinking/doing drugs.
2-3-6	I am not living up to my own values around drinking/doing drugs.
12-13-18	Negative feelings are beginning to outweigh positive feelings.
4-16	I am automatically building a wall of defenses to protect my drinking/drug use.
15	My wishful thinking is distorting my realistic thinking.
19	A sense of helplessness is beginning to take hold.
9-20	My love/hate relationship to alcohol/drugs is interfering with other relationships in my life.

Reprinted with permission of American Chemical Dependency Society, 5001 Olson Memorial Highway, Minneapolis, Minnesota 55442 (612) 546,5001.

(For information or purchase of copies of Quik Test contact above)

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GALLUP POLL

Recovering alcoholics will be the subject of a proposed survey by the Gallup Organization later this year.

According to project officials a proposal has been submitted to the National Institute on Alcoholism and Alcohol Abuse (NIAAA) for funds to conduct the survey in conjunction with the National Council on Alcoholism and selected groups on Alcoholics Anonymous.

The survey, entitled A NATIONAL SURVEY OF THE RECOVERING ALCOHOLIC IN AMERICA, will include 2,000 recovering alcoholics with a minimum of two years' sobriety.

Participants will be selected from a group of volunteers, and anonymous respondents including a representative number of recovering alcoholics who do not attend A.A. meetings.

Officials foresee several purposes that could be served by the survey results.

It could provide a guide for recovering alcoholics and their families, and be useful in the prevention of alcoholism and the overall recovery process.

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BREWING CONTROVERSY: William K. Coors, chrm, Adolph Coors Co, blasted brewing industry's "outrageous" lack of ethics in promoting beer among college students but admitted to security analysts that Coors also pushes suds on campus. Colorado-based brewer, he said, pays 250 college students throughout nation to promote the beer at campus wet T-shirt contests, and "chug-a-lug" and "get drunk" parties....The promotions, he added, are strictly defensive. "We do this not because we think it is right, but because other brewers do it. They will steal our lunch--they'll eat our lunch--if we don't do it."

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CHRISTIAN SCHMIDT BREWING CO said it plans to test market a new low-alcohol beer. "Break Special Lager" will have alcohol content of 1.74 percent by weight. Brewer says tough drunken-driving laws are making such a product "the next major development in the beer industry."

ALCOHOL CLEARED OF CANCER TIE-IN

Alcohol has been cleared of a suspected link to pancreatic cancer, according to the researcher who first associated smoking and lung cancer more than two decades ago.

Dr. Ernst Eynder and associates at the Mahoney Institute for Health Maintenance, American Health Foundation, New York, conducted epidemiological studies that found no association between alcohol and cancer of the pancreas. (Reprint from "Discus News Letter", Distilled Spirits Council of America, 11/83 No. 405).

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DOES DRINKING BEER HELP THE HEART?

In the early part of this year, the Associated Press wired to newspapers a story which stated "drinking three beers a day may give an inactive person as much protection against heart disease as running gives to marathoners, a new study suggests." Soon newspapers were running headlines of which the following is typical: "Three Beers Per Day May Help Heart."

But an article in the July issue of Listen magazine asserted that "such promotion by the press is a disservice to the public's health." Written by J. A. Scharffenberg, director of community health education at San Joaquin Community Hospital in Bakersfield, California, the article pointed out that alcohol has been known for a long time to increase the good kind of cholesterol in the bloodstream - the HDL cholesterol.

"Organic pesticides also increase the HDL cholesterol," Scharffenberg pointed out, "but no one is recommending that anyone take organic pesticides for this purpose." He cited a World Health Organization technical report that it is the LDL cholesterol - the harmful kind - that is chiefly responsible for population differences in heart disease risk. And other studies show that moderate drinking actually leads to an increase in overall mortality even though heart disease mortality is lessened.

Scharffenberg says that considering that about 5 percent of drinkers become alcoholics and that there are an estimated 17 million chronic alcoholics in the United States, "suggestions by nonscientific minds that alcohol is useful in the prevention of heart disease is useful only in selling newspapers."

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Dr. Joseph Pursch, corporate medical director of CompCare, speaking at the World Congress on Mental Health.

"A social drinker is one who can take it and leave it. An alcoholic can only take it or leave it."

This applies to other chemicals as well, he added. While there are many heroin "chippers" and coke snorters who are not physically in trouble, "they would not even consider having a Friday night without coke because they have become dependent on coke for making out, for feeling with it, for being cool."

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THE CAGE QUESTIONS

- | | |
|-------------------------------|--|
| 1. Have you felt the need to | Cut down your drinking? |
| 2. Have you ever felt | Annoyed by criticism of your drinking? |
| 3. Have you had | Guilty feelings about drinking? |
| 4. Do you ever take a morning | Eye-opener? |

One affirmative response is suggestive of alcoholism.

Two or more affirmative responses indicates alcoholism.

(Ewing, J.A. "Recognizing, confronting and helping the alcoholic", Am Fam Phys 16:107-114, 1978)

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NEW MEXICO'S DRUG ABUSE BUREAU has begun emphasizing use of acupuncture and other alternatives to methadone maintenance for treating heroin addicts. A state-sponsored research program on the technique began in October. Acupuncture treatment for some patients began in late August.

"The heavy use of drugs, particularly by young people but also by their parents, is a key element in the disintegration of the family." This statement by Dr. Harold Voth, faculty member of the Menninger Foundation and professor of psychiatry at the University of Kansas Medical School, appears in an interview in the February issue of LISTEN magazine.

In this interview Dr. Voth outlines ways in which parents can prevent their children from getting involved in drug use: inform them about the risks of drugs, check on them periodically, and give positive reinforcement whenever they withstand peer pressure to do unhealthful things. "Be sure the family life is on a good solid footing," Dr. Voth says. "That's background music for the whole subject."

He also discusses intervention for those children who have become involved in drugs. "Drug users," he says, "lost their capacity for self-responsibility. Someone else has to take responsibility for them....If you really love someone who's going under, you intervene to stop it. That person may initially resent it, but eventually he will love you for it."

But Dr. Voth warns against a blaming attitude on the parents' part. "Remember," he says, "in dealing with drugs, you never reject the child, you only reject the substance abuse. That's an important distinction to make. When he is snarling at you, defying you, cursing you, and rebelling, it's very difficult to keep that distinction in mind, but it's imperative to do so."

Dr. Voth maintains that drug problems can be solved. "Parents who persist can eventually win this battle," he says, "but they have to be totally committed to it and do whatever it takes to get their children off drugs."

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FIELD INSTITUTE IN SAN FRANCISCO says Californians are becoming more conservative regarding marijuana. The number of adults smoking marijuana at least once a day has halved in the past four years. Those favoring strict enforcement of marijuana laws rose to 54% from 36% in the same period.

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SOLDIER FLASHBACKS

Examination of United States soldiers discharged in one year as unfit for service has shown that flashbacks associated with the heavy use of at least one drug are a common but complex phenomena. Of 280 soldiers seen at one army clinic and scheduled for discharge, 207 reported heavy multi-drug use, and of these 71% reported having flashbacks, report California researchers Joel Yager, MD, Evelyn Crumpton, PhD, and Ralph Rubenstein, MD. While most of the flashbacks were reported to be of simple visual nature, complex subjective experiences and persistent difficulties in concentration were also noted. The study found the likelihood of reported flashbacks being severe was strongest in relation to hallucinogens; prevalence and severity increased with drug use, especially with hallucinogens and marijuana. The researchers said the findings "may not be representative of the general prevalence of flashbacks in multi-drug users," that several factors may contribute to the occurrence of flashbacks, and that the phenomenon is "very complicated."

American Journal of Psychiatry, July, 1983, v.140:857-861

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Dr. William Mayer, director, U.S. Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) said he personally favors a national drinking age of 21. "The 60 to 24-year-old age group is the only group in the country where life expectancy is going down, and that is a disgrace for a civilized country."

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ALCOHOL AND MARIJUANA: "Recent empirical findings and the practical experience of direct service professionals demonstrate clearly that marijuana and alcohol go hand-in-hand as a 'chemical combo' at all levels of use," reported newspaper published by Community Intervention. Details: Joe Muldoon, Editor, Community Intervention Inc, Suite 570, 529 South 7th St, Minneapolis, MN 55415.

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ALCOHOL USE GROWS ON TV SHOWS, said Dr. Timothy Johnson. But there are fewer smokers. He pointed to a recent survey by two professors in Berkeley, CA.

SUICIDE: THE PREVENTABLE DEATH

This one day workshop, in Helena, is designed to train people to become an interventionist - one who can identify and evaluate suicide risk factors. It is estimated approximately 50% of all suicide deaths are chemical dependent people who have lost hope. Dr. Marv Miller, founder of the Suicide Information Center, will be the instructor. Cost of the one day May 3, 1984 workshop is \$40.00. For registration or more information contact Ms. Carol Zaharko (406) 442-0310 at the Southwest Montana Mental Health Center.

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ABUSE OF LIQUOR AND MARIJUANA is leading cause of death for adolescents in United States, says Dr. Kenneth Shonberg, director, adolescent medicine, Montefiore Hospital, Bronx, NY.

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REP. STEWART B. McKINNEY, R-CT, introduced legislation allowing physicians to prescribe marijuana to patients suffering from cancer or glaucoma. Bill would establish federal office for controlling production and distribution of marijuana for research and treatment.

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NEW PREVENTION CONTEST CONCEPT

This year's youth awareness prevention campaign operated by the Flathead Valley Chemical Dependency Clinic had a new twist; radio vs. Public Service Announcement spots rather than the usual essays and television.

In the past children have written essays and developed posters. The spots developed will be run on local Kalispell radio and television stations. In addition to the program, radio and TV stations the contest is co-sponsored by the Flathead Beverage Wholesalers Association which contributes \$500.00 for prizes. Nice to see a unique prevention effort in cooperation with the beer and wine industry. Mark Clark is the staff member responsible for coordinating the contest.

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"It's the secret I reserve for myself that keeps me sick," Dr. McAuliffe, speaking at the Rimrock Foundation Training on "Essentials of Chemical Dependency".

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IMPAIRED PHARMACISTS: Because of growing awareness that chemical dependency is a disease that's treatable, more states are developing programs to identify their chemically dependent pharmacists and get them into treatment. Drug and alcohol abuse is increasingly commanding attention of employers and the profession, said Drug Topics magazine.

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AMER COUNCIL FOR DRUG EDUCATION says newest bill to relax existing controls on use of marijuana reflects latest in a long series of misunderstandings about marijuana's therapeutic potential and safeguards used to protect health while experimental drug undergoes testing.

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1983 GALLUP YOUTH SURVEY found teenagers view drug abuse as their biggest problem. Drug abuse was top category of concern with 35%, up from 27% in 1977. Second highest was unemployment with 16%, up from 6% in '77. Third highest was alcohol abuse, 10%, up from 7%.

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COMMITTEES OF CORRESPONDENCE, a drug monitoring group, has published special reports on following issues: Decriminalization, Drug Paraphernalia Model Law, Need for Select Committee on Narcotics; Drunk and Drugged Driving, Paraquat Issue, Search and Seizure, School Policy Guidelines. Details: Otto Moulton, Committees of Correspondence, P. O. Box 232, Topsfield, MA 01983. Phone 617/774-2641.

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